

GRANT ADJUSTMENT CHANGE OF SCOPE FORM

The form is to be used when the grantee wishes to make a program change or changes to grant projects that impact the scope or purpose of the grant. The form must be submitted to OPM for approval by the grant manager prior to any changes being made

Grantee Information

Grantee Name:

Grantee Address:

Project Number:

Project Title:

Current Grant Amount:

Current Grant Period:

Contact Name:

Contact Phone:

Contact Email:

REQUESTED CHANGE IN SCOPE

Will change to scope affect grant \$ amount _____ Yes _____ No

If answer is Yes, sub-grantee must submit a **Change In Budget Request**

On the following page, please provide a detailed account of how the scope of this project will be changed and justification for the changes. Supply as much clear information as possible to avoid delays in processing of this request.

Description and Justification on next page

Office of Policy and Management Adult Criminal Justice
450 Capitol Avenue
Hartford, CT 06106

DESCRIPTION AND JUSTIFICATION FOR SCOPE CHANGE